

Permittee Application Date: \_\_\_\_\_



Commonwealth of Massachusetts-Department of Conservation & Recreation

Region/Facility:

Address:

Phone:

## 2016 POOL RESERVATION PERMIT

CONTACTS

### ORGANIZATION:

Name (Primary):		Name (Secondary):	
Mailing Address:		Mailing Address:	
Town/City, State, Zip Code:		Town/City, State, Zip Code:	
Telephone #	Day:	Telephone #	Day:
	Night:		Night:
	Cell:		Cell:
	Email:		Email:
	Fax:		Fax:

### POOL LOCATION:

TERMS

DAYS	DATES	FROM	TO	# OF CHILDREN	# OF ADULTS
		AM	AM		
		PM	PM		

Permittee is responsible for removal of debris generated and/or damage to DCR property. Counselors must wear t-shirts that readily identify the Group. Counselors must be wearing bathing suits. Counselors cannot wear shoes or sneakers on the pool deck. Campers must be 3'6" at shoulder level. **COUNSELORS MUST BE INSIDE POOL AREA AT ALL TIMES.**  
 Child/Counselor Ratio: 6:1 Counselor/Persons with Disabilities-Exceptional Ratio: 1:1.  
 All groups of 10 or more must have a reservation. Group maximum 48 Campers. Maximum Stay: 2 hours.  
 Floatation devices allowed: US Coast Guard Personal Floatation Device (PFD), proper size and weight. If a PFD is worn, a counselor must accompany child in the water. These requirements are in addition to any requirements you must meet if licensed under 105 CMR 430.000: MINIMUM STANDARDS FOR RECREATIONAL CAMPS FOR CHILDREN (STATE SANITARY CODE, CHAPTER IV).  
**SPECIAL SITE CONDITIONS AND REQUIREMENTS:**  
 \_\_\_\_\_  
**The DCR reserves the right to refuse admission when all terms of the permit are not met.**

AUTHORIZATION



The Commonwealth of Massachusetts and the Department of Conservation and Recreation and their employees shall be held harmless and indemnified for any accident resulting from the exercise of this permit. This permit is non-transferable and is revocable. **THIS PERMIT MUST BE AVAILABLE DURING ALL TIMES ON LOCATION.** If you do not have this permit available, you may be asked to vacate the facility by either DCR officials or law enforcement official. It may be necessary to cancel your permit on certain dates to accommodate specific events and/or operational needs. This permit may be revoked for failure to leave the facility at the agreed time, misuse of the facility, and /or failure to comply with DCR Personnel and DCR rules and regulations.

☐ I hereby agree to the terms of this permit.

Date: \_\_\_\_\_

Permittee Signature: (sign and return one copy to the DCR)

Print Name/Title

Date: \_\_\_\_\_

DCR Signature

Print Name/Title

PERMIT #

2016 - \_\_\_\_\_

